


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000030826 (0)			
1. Corporation Name AMERICAN CARDIOVASCULAR PRODUCTS, INC.			
Principal Place of Business 6073 NW 167 ST C-9 MIAMI FL 33015 US		Mailing Address 6073 NW 167 ST C-9 MIAMI FL 33015 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent WOLF, MICHAEL H 2450 N.E. MIAMI GARDENS DR. 2ND FLOOR N. MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent 81 Name: MICHAEL H. WOLF, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1876 NORTH UNIVERSITY DRIVE - #101 S. 83 84 City: PLANTATION FL 85 Zip Code: 33322	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE _____		1.1 TITLE _____	
NAME PEREZ, GLORIA M		1.2 NAME _____	
STREET ADDRESS 6073 NW 167 ST STE C-9		1.3 STREET ADDRESS _____	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP _____	
2.1 TITLE _____		2.1 TITLE _____	
2.2 NAME _____		2.2 NAME _____	
2.3 STREET ADDRESS _____		2.3 STREET ADDRESS _____	
2.4 CITY-ST-ZIP _____		2.4 CITY-ST-ZIP _____	
3.1 TITLE _____		3.1 TITLE _____	
3.2 NAME _____		3.2 NAME _____	
3.3 STREET ADDRESS _____		3.3 STREET ADDRESS _____	
3.4 CITY-ST-ZIP _____		3.4 CITY-ST-ZIP _____	
4.1 TITLE _____		4.1 TITLE _____	
4.2 NAME _____		4.2 NAME _____	
4.3 STREET ADDRESS _____		4.3 STREET ADDRESS _____	
4.4 CITY-ST-ZIP _____		4.4 CITY-ST-ZIP _____	
5.1 TITLE _____		5.1 TITLE _____	
5.2 NAME _____		5.2 NAME _____	
5.3 STREET ADDRESS _____		5.3 STREET ADDRESS _____	
5.4 CITY-ST-ZIP _____		5.4 CITY-ST-ZIP _____	
6.1 TITLE _____		6.1 TITLE _____	
6.2 NAME _____		6.2 NAME _____	
6.3 STREET ADDRESS _____		6.3 STREET ADDRESS _____	
6.4 CITY-ST-ZIP _____		6.4 CITY-ST-ZIP _____	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.			
SIGNATURE: JOHN PEREZ		1-9-98 304-558-2868	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0126500	

CR2E034 (10/97)